

Name of Lead Agency	Multnomah County
Location	Portland, OR
Title of Project	Multnomah County, Department of County Human Services, Mental Health and Addiction Services/ Family Involvement Team (FIT)
Program Option	RPG 5-Year Grant; \$1,000,000 annually
Geographic Area and Congressional District Served	Multnomah County Congressional District 1 and 3
Brief Program Description	<p>This program is a collaboration with Multnomah County Department of County Human Services, Mental Health and Addiction Services Division (grantee) partnering with local drug and alcohol and treatment providers, Volunteers of America, Family Drug Court, and the State Department of Human Services. Through RPG funding the grantee and partners sought to expand and enhance the family drug court, known as the Family Involvement Team (FIT), with the goal of connecting parents with appropriate alcohol and drug treatment as expeditiously as possible and supporting them with appropriate services and caring staff so families could stay together or be reunited sooner. The cornerstone of FIT for Recovery was the addition of client case managers at each of the alcohol and drug treatment providers.</p> <p>Attainment of project goals was reliant on the addition of a mix of services identified by the project partners. The project partners had a history of working collaboratively for approximately five years prior to the grant application, offering a fixed array of resources to clients. The RPG provided the grantee an opportunity to address gaps in services for mothers and their children and to add services for dads of color. Services for men, especially minority specific services for male parents whose partners are involved with Child Welfare, were woefully lacking in Multnomah County. The grantee worked on infrastructure development through a Family Involvement Team Operations Committee and an Executive Board that has a history of consensus based systems development.</p>
Target Population	<p>The project targeted:</p> <p>The target population of FIT for Recovery prior to the grant was limited to Multnomah County parents with an allegation of child abuse or neglect with alcohol or drugs involved. With the expansion of services through this grant, Child Welfare workers were able to refer any client thought to</p>

	<p>have involvement with drugs and/or alcohol for a screening / assessment at any point in their child welfare case. This much more inclusive treatment model will continue as standard practice.</p>
Participants Served	<p>Children: 3,292</p> <p>Adults: 2,380</p> <p>Families: 1,886</p>
Major Goals	<p>Major program goals included:</p> <p>To reduce foster care placements and foster care costs by providing immediate access to intensive services, thus taking advantage of parent's motivation at this crisis point in their lives and reducing the time to reunification.</p> <ul style="list-style-type: none"> • Increase the proportion of Department of Human Services (DHS) involved parents (primarily women) with allegations of child abuse and/or neglect where alcohol and/or drugs are involved who are able to access Family Involvement Team services • Expand the array of services available above the current mix of available services • Increase the engagement, retention, and completion rates in substance abuse treatment of the parents in the FIT project above current documented rates • Expand the service array to address gaps in both services and populations served • Improve the current service delivery system through enhanced collaborations to address recent breakdowns in systems that are in need of revitalization.
Key Major Program Services	<p>Case Management and In-Home Services</p> <ul style="list-style-type: none"> • Intensive Case Management <p>Mental Health and Trauma</p> <ul style="list-style-type: none"> • Trauma Informed Services <p>Substance Abuse Treatment for Adults</p> <ul style="list-style-type: none"> • Non-Intensive Outpatient or Other Step-Down • Intensive Outpatient-Matrix Model <p>Specialized Outreach, Engagement and Retention</p> <ul style="list-style-type: none"> • Cognitive Behavioral Strategies- Motivational Interviewing • Peer/parent Mentor • Recovery Coach Specialist

	<p>Screening and Assessment – Child Welfare and Other Children’s Issues</p> <ul style="list-style-type: none"> • Screening and Assessment for Child Welfare Issues • Screening and Assessment for Trauma • Other Specialized Child Screening and Assessment – Developmental, Mental Health/Psychological, Educational <p>Screening and Assessment – Substance Use and Other Adult Issues</p> <ul style="list-style-type: none"> • Screening and Assessment for Substance Use Disorders • Other Specialized Adult Screening and Assessment – Psychosocial <p>Cross-Systems Collaboration</p> <ul style="list-style-type: none"> • Clinical and Program Training • Cross-systems policies/ procedures • Regular Joint Case Staffing Meetings • Co-location of Staff
Partner Agencies and Organizations	<p>Child Welfare</p> <ul style="list-style-type: none"> • State Child Welfare Agency • Regional/County Child Welfare Agency <p>Substance Abuse</p> <ul style="list-style-type: none"> • Regional/County Substance Abuse Agency • Substance Abuse Treatment Agency/Provider <p>Courts</p> <ul style="list-style-type: none"> • Family Treatment Drug Court (FTDC) <p>Mental Health</p> <ul style="list-style-type: none"> • Health Services <p>Other Community and Child and Family Services</p> <ul style="list-style-type: none"> • Peer/Parent/Mentor Group or Network <p>Other Evaluation and Training</p> <ul style="list-style-type: none"> • Evaluator (University or Affiliated) • Consultant/Training
Evaluation Design and Comparison Group Type	<p>Quasi-Experimental</p> <p>Matched Case-level</p> <p>Usual Child Welfare services</p> <p>The project employed a three-part evaluation approach to capture child</p>

	<p>welfare and treatment related process and outcomes information. Data sources include the following:</p> <ul style="list-style-type: none"> • Administrative data including SACWIS (child welfare), CPMS (substance abuse treatment) and the FIT database, for both process and outcome information. • Client and stakeholder voice gathered from interviews and focus groups with FIT-served families, FIT staff, and community partners for both process and outcome data. <p>The research design included a “child welfare business as usual” comparison group matched with FIT families using demographic and case characteristics.</p> <p>Due to changes in the State’s SACWIS data base the grantee and evaluator were unable to access AFCARS data between June 2011 and January 2013. In addition, they could not use 2012 NCANDS data for any analysis. This created significant delays and challenges for the evaluation.</p>
Performance Indicators	<p>The program did not include performance indicators in the final report.</p>
Sustainability Status	<p>The structure of FIT for Recovery predated the beginning of the Children’s Bureau grant in 2007. With the Children’s Bureau grant FIT for Recovery expanded:</p> <ul style="list-style-type: none"> • The number of case managers • The number of parent mentors • Number of clients enrolled annually <p>Additionally, FIT expanded services through the addition of a drop-in center for current and former clients and a new parenting education service with staff at each of the residential services providers. The overall program model as it was at the end of the Children’s Bureau grant will remain with one exception; the drop in center, Family Recovery Support, is continuing with year to year funding as an ongoing source of funds has not been secured.</p> <p>A mix of local and State Block Grant funds as well as dedicated Child Welfare staff have provided the basic funding and staff support for FIT for Recovery.</p> <p>The cornerstone of FIT for Recovery has been the client case managers at each of the alcohol and drug treatment providers. These case managers plus State funded outreach workers and certified alcohol and drug specialists at each child welfare branch office are the core of FIT for Recovery. Continued full funding of the seven FIT case managers is supported by the results from a combination of client interviews, focus groups with clients, and surveys with key informants. Focus groups of current and former clients and a web survey of Child Welfare case workers</p>

	<p>consistently ranked outreach and case management at each treatment agency as the most important FIT services and supports.</p> <p>The FIT Executive Committee supported these findings by approving continued funding for case managers as their highest priority.</p>
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